

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

'AUG 1 5 2013

From:

L. SELLERS

Account Name : THE SCHIFFMAN LAW GROUP, P.A.

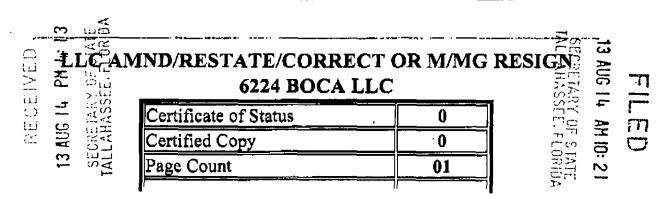
Account Number: I2000000100

: (305)682-1328

Fax Number : (305) 682-0063

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:



Division of Corporations

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Estimated Charge		\$25.00	
principal de la companie de la compa			
Electronic Filing Menu	Cornorate Filing Menu	Heln	

COVER LETTER

TO:

Registration Section Division of Corporations

6224 BOCA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADAM R. SCHIFFMAN, ESQUIRE

THE SCHIFFMAN LAW GROUP, P.A.

2875 N.E. 191 STREET, SUITE 404

AVENTURA, FLORIDA 33180

City/State and Zip Code

ADAM@REALATTY.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM R. SCHIFFMAN, ESQUIRE at 305, 682-1328

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

□530.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6224 BOÇA LLC				
(Name of the Limited)	lability Compa	ny as it now appears on o lability Company)	ur records.)	
The Articles of Organization for this Limited Lia	bility Company	were filed on Decemb	per 2, 2002 and assigned	
Florida document number L02000032052				
	···········			
This amendment is submitted to amend the follow	wing;			
		III.		
A. If amending name, enter the new name of	the Huited Hab	inty company nere:		
		a 3 T I Livin Common Hat	die Glothartharthar	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Lisbility Company," tr	e designation "LLC" of the socievisation	
Enter new principal offices address, if applicable:		6224 N.W. 24 Street		
(Principal office address MUST BE A STREET ADDRESS)		Boca Raton, FL 33434		
Enter new mailing address, if applicable:		6224 N.W. 24 Street		
•	av	Boca Raton, FL 33434		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or	r registered of	nce address on our re	cords, enter the name of the new	
registered agent and/or the new registered off	ce address her	<u>e</u> :		
Name of New Registered Agent:	Adam R. Schiffman, Esquire			
New Registered Office Address: 2875 NE 191 Street, Suite 404				
		Enter Flo	rida street address	
	Aventura		Florida 33180	
		City	Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:			
	•			
I hereby accept the appointment as registered the provisions of all statutes relative to the pro-	agent and agre	se to act in this capacit	y. I further agree to comply with	
accept the obligations of my position as regist				
being filed to merely reflect a change in the re	gistered office	address, I hereby confi	rm that the limited llability	
company has been notified in writing of this ci	hange.			

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If Changing Replaceful Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member <u>Address</u> Type of Action <u>Title</u> <u>Name</u> 6224 N.W. 24 Street Frank Rothmaier MGR Boca Raton, FL 33434

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MGR = Manager

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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	Turilli
	Signature of a member or authorized representative of a member
	THOMS DOLL SOLE MEMBY Typed or printed name of signee
	Typed or printed name of signee
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Filing Fee: \$25.00

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